



## Health Questionnaire

The following questionnaires will help you to establish factors that can deter your successful weight/inch loss. Immune Tree strives to help each individual achieve long lasting success by providing a complete weight/inch loss system. Several areas that can have a direct impact upon your weight will be identified and evaluated, in an effort to facilitate your weight/inch loss program.

**Stress**—a leading cause of cravings, overeating and thyroid malfunctions.

**Liver**—a source for thyroid malfunctions.

**Yeast**—a cause of thyroid and protein absorption malfunctions.

**Thyroid**—the thermogenic or temperature control center for the body.

**Toxins**—may promote a pH imbalance.

### STRESS

Place a check mark in the box provided if you answered yes to the question.

- 1. Is your energy level lower than it used to be?
- 2. Are you especially competitive at work, sports, or relationships?
- 3. Do you feel you work harder than most of your colleagues?
- 4. Do you find yourself often doing several tasks at the same time?
- 5. Do you get very impatient if people or circumstances delay you?
- 6. Do you feel guilty each time you try to relax?
- 7. Do you become angry easily?
- 8. Do you have a constant need to be recognized or to achieve?
- 9. Are you unclear about your goals?
- 10. Do you have difficulty getting off to sleep, sleep poorly/lightly, or wake up with your mind racing?
- 11. Do you find it hard to say "NO" to people?
- 12. Do you often bottle up your feelings?
- 13. Are you always in a hurry to get somewhere, or get something done?
- 14. Are there any long-term stressful situations in your life?
- 15. Has anyone very close to you died recently?
- 16. Have you recently been divorced or separated from your partner?
- 17. Have you had to leave a job recently?
- 18. Do you feel you have a poor self-image, low self-esteem, or poor self-confidence?
- 19. Do you eat to cheer yourself up, or often eat when you are not hungry?
- 20. Are you getting married or have you recently been married?

\_\_\_\_\_ TOTAL

*Note: Yes = 1 point. A score from 5 to 10 means your stress levels are moderate, and may contribute to your weight gain. A score of 11 or more is an indication that you are experiencing high levels of stress, which may adversely affect your ability to lose weight/inches.*

### LIVER

Place a check mark in the box provided if you answered yes to the question.

- 1. Dark Circles under eyes?
- 2. Coated tongue (white coating) in the morning?
- 3. High Cholesterol levels of 212 mg/dl and Triglycerides of 177 mg/dl?
- 4. Poor digestion, abdominal bloating, and nausea, especially after fatty foods?
- 5. Weight gain around the abdomen?
- 6. Constipation?
- 7. Irritable bowel syndrome, where the bowel actions are irregular and vary from diarrhea to constipation?
- 8. Bad breath in the morning?
- 9. Unpleasant mood changes, depression and a "foggy brain"?
- 10. Allergic conditions such as hay fever, hives, skin rashes and asthma?
- 11. Reoccurring headaches?
- 12. High blood pressure and fluid retention?
- 13. Hypoglycemia or unstable blood sugar levels?
- 14. Fatigue, low energy?
- 15. Excessive body heat, night sweats and body odor?
- 16. Low tolerance to alcohol?

\_\_\_\_\_ TOTAL

*Note: Yes = 1 point. If your score is 5 or higher you may have a malfunctioning liver. This can result in a pH imbalance. According to Dr. Jack Tins, a naturopathic doctor, "Toxicity is a primary cause of excessive weight, particularly in people who have problems losing weight and keeping it off."*

## YEAST

Place a check mark in the space provided if you feel the question applies to you. After completing the questionnaire, your score will be determined by adding together the numbers next to those questions you answered yes to.

- <sup>4</sup> 1. Have you taken repeated or prolonged courses of antibacterial drugs?
- <sup>3</sup> 2. Have you experienced recurrent vaginal, prostate, or urinary infections?
- <sup>2</sup> 3. Do you feel "sick all over" for no apparent reason?
- <sup>2</sup> 4. Do you experience PMS, menstrual irregularities, sexual dysfunction, sugar craving, low body temperature or fatigue?
- <sup>2</sup> 5. Are you sensitive to smoke, perfume or chemical odors?
- <sup>2</sup> 6. Do you have memory or concentration problems?
- <sup>2</sup> 7. Have you taken prolonged prescriptions of prednisone or other steroids; or have you taken a birth control pill for more than three years?
- <sup>1</sup> 8. Do some foods disagree with you or trigger your yeast symptoms?
- <sup>1</sup> 9. Do you suffer with constipation, diarrhea, and bloating or abdominal pain?
- <sup>1</sup> 10. Does your skin itch, tingle or burn, feel dry or easily rash?

\_\_\_\_\_ TOTAL

**Scoring for Women:** If your score is 9 or more, your weight issues may be Fungus/Yeast related. If your score is 12 or more, your weight issues are almost certainly Fungus/Yeast connected.

**Scoring for Men:** If your score is 7 or more, your weight issues may be Fungus/Yeast related. If your score is 10 or more, your weight issues are almost certainly Fungus/Yeast related. Source: Compu-Data Group

## THYROID

Place a check mark in the box provided if you answered yes to the question.

- 1. Do you tend to gain weight easily and fail to lose it, even with a calorie reduced diet?
- 2. Are you chronically or frequently constipated?
- 3. Is your skin pale, thick, dry, wrinkled, "waxy", or puffy, especially around the eyes?
- 4. Do you feel lethargic, tired, dull, confused, or uninterested much of the time?
- 5. Is the hair on the outer third of your eyebrows noticeably thinner or absent?
- 6. Do you tend to feel better in the mornings and worse in the afternoon?
- 7. Are you very sensitive to cold, or have cold hands and or/feet?
- 8. Do you have ringing in your ears, or have you noticed any hearing loss?

- 9. Is your appetite very poor, yet you are not losing weight?
- 10. Is your pulse rate slow (below 65 per minute)?
- 11. Do you have weakness and aches in muscles?
- 12. Is your hair thinning or falling out?
- 13. Do you have very brittle finger & or/toe nails?
- 14. Do you feel depressed much of the time?
- 15. Do you have problems with menstruation or fertility?
- 16. Have you lost interest in sex?
- 17. Do you have headaches when focusing on problems?
- 18. Do you have sticky eyelids, slow healing or frequent infections (especially of the throat)?
- 19. Do you have tingling in hands and feet?
- 20. Have you noticed any changes in skin pigmentation?

\_\_\_\_\_ TOTAL

If your total score is 10 or higher, this may be an indication that your weight gain is related to a malfunctioning Thyroid.

## TOXINS

Place a check mark in the box provided if you answered yes to the question.

- 1. Allergies
- 2. Headaches
- 3. Yeast Infections
- 4. Tired or Fatigued
- 5. Poor Hair, Skin and Nails
- 6. A Pattern of Illness
- 7. Bad Breath
- 8. Constipation
- 9. Indigestion, Gas and Bloating
- 10. Mucous Build-Up
- 11. Pains and Aches
- 12. Sensitive to Perfume and Chemicals
- 13. Nervous, Edgy, Short Tempered, or Irritability

\_\_\_\_\_ TOTAL

If your total score is 3 or higher, we suggest you consider a cleansing supplement for your digestive track.

